



New Mexico State University Vendor Questionnaire Form Substitute W-9 Form Instructions

Instructions:

This vendor questionnaire form is to be completed by vendors seeking to do business with NMSU and by vendors that require recertification. Incomplete forms will not be processed. Please print or type legibly. Return completed form to:

NMSU Central Purchasing & Risk Management
PO Box 30001 MSC 3890
Las Cruces, NM 88003
Phone: 575-646-2916, Fax: 575-646-3736
Email: vendors@nmsu.edu

Section 1: Vendor Information.

- **Tax Identification Number:** Enter the individual's or company's 9-digit tax identification number. Example: Social Security Number, Tax Identification Number, or Employer Identification Number. Foreign individuals and foreign companies leave blank.
- **NMSU Banner #:** Enter Banner number, if known.
- **Prior Name:** Enter prior name of individual or company.
- **Legal Name:** Enter legal name as it appears on your federal tax return. No nicknames, initials or abbreviations are accepted.
- **Business Name or DBA:** Enter Business Name or Doing Business As Name, if applicable.
- **Order Address:** Enter order address information.
- **Remit Address:** Enter remit address information, if different from order address.
- **Phone:** Enter phone number starting with the area code.
- **Fax:** Enter fax number starting with the area code.
- **Email Address:** Enter email address, if available.
- **Internet Address:** Enter internet address, if available.

Section 2: Tax Information.

If your answer is "Yes" to being a United States citizen or company, continue to Section 3.

If your answer is "No", provide your nation's name, as well as proper documentation as listed in options 1 or 2. Internal Revenue Service (IRS) form W-8BEN form is available on our website <http://www.nmsu.edu/~purchase/For%20Vendors.html>.

Section 3: Business Types.

Select only one business type.

Section 4: Additional Business Types.

Select all that apply. For vendor types with an asterisk (*), attach copies of your certification for this category of business from the Small Business Administration (SBA) or other certifying agency.

Section 5: Conflict of Interest.

Questions must be answered regardless of the business type. If the answer to any question is "Yes", you must provide details.

Section 6: Independent Contractor Determination.

To be completed by Individuals, Sole Proprietors, and Limited Liability companies. All questions must be answered with a "Yes" or "No" only. If "Yes", an explanation must be added in the space provided next to the question.

Section 7: Terms and Conditions.

Read listed NMSU's terms and conditions. Print your name; sign your name, and date. If you do not agree with NMSU's terms and conditions, please attach documentation with the proposed changes. Failure to agree to NMSU's terms and conditions may effect consideration of becoming a vendor, NMSU being the sole judge of this determination.



New Mexico State University Vendor Questionnaire Form Substitute W-9

FOR OFFICE USE ONLY

Banner #: _____

Entered By/Date: _____

New Vendor Re-Certification of Vendor

Instructions: This form is to be completed by vendors seeking to do business with NMSU and by vendors that require recertification. The form must be completed correctly for processing. Incomplete forms will not be processed. Please print or type legibly. **Return this form to NMSU, Central Purchasing & Risk Management, PO Box 30001 MSC 3890, Las Cruces, NM 88003. Phone 575-646-2916, fax 575-646-3736, or email at vendors@nmsu.edu**

Section 1

VENDOR INFORMATION

Tax Identification Number:

--	--	--	--	--	--	--	--	--	--

Banner # (if known):

--	--	--	--	--	--	--	--	--	--

Prior Name (if applicable): _____

Legal Name: (as shown on your Federal tax return): _____

Business Name or DBA: _____

Order Address: _____ City _____ St _____ Zip _____

Remit to Address: _____ City _____ St _____ Zip _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____ Internet Address: _____

Section 2

TAX INFORMATION

Individuals ---- Are you a citizen of the United States? Yes No

Company ----- Is this a United States company? Yes No

If you are not a US citizen or company, please select the correct box below and attach the required documents. Country of Origin _____

- a) Permanent Resident Alien (For individuals)
Permanent Resident Alien-Attach Copy of Green Card
- b) Non-Resident Alien (For foreign individuals / company)
Copy of Non-resident Alien's Visa, passport and IRS form W-8BEN Certificate of Foreign Status
- c) IRS form 8233 Exemption from withholding on Compensation for Independent Personal Services of a Non-Resident Alien Individual

Section 3

BUSINESS TYPES

(Select one only)

Individual

Sole Proprietor

Corporation

Partnership

Limited Liability (type) _____

(D=Disregarded entity C=Corporation P=Partnership)

Federal or State Govt. Agency

Not-For-Profit Organization

Foreign Individual

Foreign Supplier

Section 4

ADDITIONAL BUSINESS TYPES

(Select all that apply)

One time payment

Columbia Scientific

Balloon Facility

Small Business

Small Disadvantaged Business*

Woman Owned Small

Disadvantaged*

Veteran Owned Small Business*

Hubzone Small Business*

Large Business

Large Disadvantaged Business*

Woman Owned Large Business*

Minority Owned*

Historically Black College*

Native American Owned*

(*)Attach copies of your certification for this category of business from the SBA or other certifying authority.

Conflict of Interest: _____

Hubzone: _____

FOR OFFICE USE ONLY:

TIN Match: _____

Treasury: _____

Employee Status: _____

Other: _____

VENDOR QUESTIONNAIRE (Continued)

Section 5

CONFLICT OF INTEREST

Are you an employee of NMSU? Yes No Department: _____

Is any immediate family member employed by NMSU or any of its community colleges? Yes No

If yes, list name: _____ Relationship: _____

To the best of your knowledge, are any officers, directors, trustees, partners, or any individual holding any position in management of this company, a member of the NMSU Board of Regents, an immediate family member of the NMSU Board of Regents, or an employee of NMSU or any of its community colleges? Yes No

If yes, details: _____

Section 6

INDEPENDENT CONTRACTOR DETERMINATION

(To be completed by Individuals, Sole Proprietors and Limited Liability companies as indicated in your response to section 3.)

Select all that apply:

Travel

Speaker/Guest Lecture

Services _____

Reimbursement

Honorarium

Other _____

YES

NO

1. Will NMSU determine when, where, or how the work is to be performed? (If yes, please explain) _____
2. Will NMSU provide any training to the Contractor or its employees? (If yes, please explain) _____
3. Are the services proposed in this contract currently being performed on the NMSU campus? (If yes, please explain) _____
4. Will any current NMSU employees be involved in performing any of the proposed services of this contract? (If yes, please explain) _____
5. Are the services proposed in this contract a continuation of work from a current or prior contract? (If yes, please explain) _____
6. Will the proposed services be performed on the NMSU campus? (If yes, please explain) _____
7. Will any NMSU-owned property or equipment be used in the performance of the proposed services? (If yes, please explain) _____
8. Is Contractor allowed to provide the proposed services without a business license/registration? (If yes, please explain) _____
9. Please describe the materials or services that you will be providing to NMSU: _____

VENDOR QUESTIONNAIRE (Continued)

Section 7

TERMS AND CONDITIONS

FEDERAL LAW REQUIRES NMSU TO OBTAIN THIS INFORMATION WHEN MAKING A REPORTABLE PAYMENT TO YOU. IF YOU DO NOT PROVIDE US WITH THIS INFORMATION, YOUR PAYMENTS MAY BE SUBJECT TO 28% FEDERAL INCOME TAX BACKUP WITHHOLDING PENALTY IMPOSED BY THE IRS UNDER SECTION 6723.

UNDER 15 U.S.C. 645(d), ANY PERSON WHO MISREPRESENTS ITS SIZE STATUS SHALL (1) BE PUNISHED BY A FINE, IMPRISONMENT, OR BOTH; (2) BE SUBJECT TO ADMINISTRATIVE REMEDIES; AND (3) BE INELIGIBLE FOR PARTICIPATION IN PROGRAMS CONDUCTED UNDER THE AUTHORITY OF THE SMALL BUSINESS ACT.

I acknowledge that NMSU policy calls for issuance of an official NMSU Purchase Order signed by an authorized individual for all purchases except those accomplished with a NMSU Procurement Card prior to a purchase being made. Failure to obtain an NMSU Purchase Order prior to supplying goods or services may result in either delay of payment or non-payment.

Further, I acknowledge that information obtained in this questionnaire will be used to establish/update NMSU's database and that these changes may affect information in related databases such as student records or employee information.

CERTIFICATION: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and,
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding; or,
 - b. I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; or,
 - c. The IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien), unless otherwise indicated herein. If not, complete IRS W-8BEN form.

CERTIFICATION INSTRUCTIONS: You must cross out item 2 under CERTIFICATION if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

1. For real estate transactions, item 2 does not apply.
2. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

BY SIGNING THIS FORM, THE SIGNEE CERTIFIES THE STATEMENTS ABOVE AND AGREES TO NEW MEXICO STATE UNIVERSITY'S STANDARD TERMS AND CONDITIONS. TERMS AND CONDITIONS ARE AVAILABLE ONLINE AT www.nmsu.edu/~purchase, OR A HARD COPY CAN BE REQUESTED BY CONTACTING THE CENTRAL PURCHASING OFFICE.

If you do not agree with NMSU's terms and conditions please attach documentation with the proposed changes. Failure to agree to NMSU's terms and conditions may affect consideration of becoming a vendor, NMSU being the sole judge of this determination.

Signing this form does not entitle vendor a preferred vendor status. Information on this form is used to set up a vendor in NMSU's purchasing system and will not automatically make you eligible for online bidding system. To register for our online bidding system you will need to visit our website <http://www.nmsu.edu/~purchase/Auto%20Bid.html>.

Print Name: _____

Signature: _____

Date: _____

For NMSU Use Only

DEPARTMENT CONTACT INFORMATION

Name: _____ **Phone Number:** _____

Purchasing-Vendor Questionnaire
Rev 01/04/2012